

## OFFICE OF ACCESSIBILITY & ADA



### Curb Ramp Request/Identification Form

Date Received (Verbal or Written): \_\_\_\_\_  
Requester's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

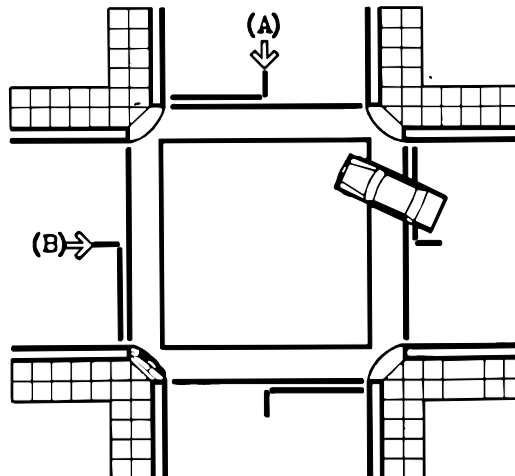
 "TRACKING NUMBER" (To be Assigned by Office of Accessibility & ADA Only)

*The purpose of this form is to gather data to assist in the establishment of a priority list of locations in which to install curb ramps. Implementation of the request(s) hinge on project funding and feasibility. Requests will be considered on a "first-come first-serve" basis. There is no guarantee that location(s) listed will be provided a curb ramp.*

Describe the location of the needed sidewalk curb ramp below:

(A) Street Name/Address: \_\_\_\_\_  
(B) Intersecting Street: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
How will this curb ramp(s) address your need for accessibility?: \_\_\_\_\_

Please feel free to use the drawing below to illustrate your suggestion, request, etc.



**Return or Telephone:**  
City of El Paso  
Office of Accessibility & ADA  
2 Civic Center Plaza, 7<sup>th</sup> Floor  
EL Paso, TX 79901-1196  
Phone: (915) 541-4243